

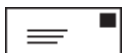
2005 Wisconsin Form W-RA

Required Attachments for Electronic Filing



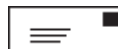
NOTE: Failure to mail timely to the correct address with all attachments will result in refund delays.

Homestead Credit Claim



Wisconsin Department of Revenue
PO Box 8977
Madison, WI 53708-8977

- Farmland Preservation Credit Claim
- Net Income Tax Paid to Another State Claim
- Veterans and Surviving Spouses Property Tax Credit
- Wisconsin Free File Tax Return (only when instructed)



Wisconsin Department of Revenue
PO Box 8967
Madison, WI 53708-8967

USE BLACK INK ONLY

I. Taxpayer Information – Fill in the name, address, and social security information

YOUR LAST NAME	FIRST NAME AND INITIAL	SOCIAL SECURITY NUMBER
IF JOINT RETURN, SPOUSE'S LAST NAME	FIRST NAME AND INITIAL	SOCIAL SECURITY NUMBER
PRESENT HOME ADDRESS (STREET, APARTMENT, ROUTE)		DAYTIME PHONE NUMBER
CITY OR TOWN	STATE	ZIP CODE
E-MAIL ADDRESS		

If your return was prepared by a third party, may the department contact your preparer if questions arise during the processing of your return? ☐ Yes ☐ No

II. Tax Return Information (Amounts in Whole Dollars Only)

1. Homestead Credit (Schedule H, line 19; Schedule H-EZ, line 14)1 _____
2. Farmland Preservation Credit (Schedule FC, line 18)2 _____
3. Net Income Tax Paid to Another State (Schedule OS, line 8)3 _____
4. Eligible Veterans and Surviving Spouses Property Tax Credit
(Form 1, line 48; Form 1A, line 36)4 _____

III. Preparer Information

SOCIAL SECURITY NUMBER or PTIN	DATE	DAYTIME PHONE	E-MAIL ADDRESS
FIRM'S NAME (YOURS, IF SELF-EMPLOYED) AND ADDRESS			

Instructions for Wisconsin Form W-RA

General Instructions

You must mail Form W-RA with the required supporting documentation attached when you electronically file an income tax return on which you have claimed homestead, farmland preservation, net income tax paid to another state, or veterans and surviving spouses property tax credit. You may also be instructed to submit Form W-RA when using the Wisconsin Free File application. Refunds may not complete processing until we receive the Form W-RA when required. Be sure to mail timely and to the correct address listed below.

Homestead Credit Claim – Within 48 hours of receipt of your Wisconsin acknowledgment, mail original Form W-RA along with all of the required attachments (W-2s, W-2Gs, 1099Rs, original rent certificate(s), tax bill(s), legal documents and statements) to:

**Wisconsin Department of Revenue
PO Box 8977
Madison, WI 53708-8977**

The Form W-RA for any return including Homestead credit should be mailed to the above address regardless of the other credits claimed.

Farmland Preservation Credit Claim – Within 48 hours of receipt of your Wisconsin acknowledgment, mail the original Form W-RA along with all of the required attachments (W-2s, W-2Gs, 1099Rs and all Schedule FC attachments listed in the 2005 Schedule FC instructions) to address below.

NOTE: DO NOT mail Farmland Tax Relief Credit Claims.

Net Income Tax Paid to Another State Claim – Within 48 hours of receipt of your Wisconsin acknowledgment, mail the original Form W-RA along with all of the required attachments listed in the 2005 Schedule OS instructions (other state income tax return(s), withholding statement(s), Wisconsin Schedule(s) 5K-1, 3K-1 or federal Schedule(s) K-1 and statement) to address below.

Veterans and Surviving Spouses Property Tax Credit – Within 48 hours of receipt of your Wisconsin acknowledgment, mail original Form W-RA along with your real estate tax bill(s) for all taxes paid in 2005 and your DVA (Wisconsin Department of Veterans Affairs) verification to address below.

Wisconsin Free File Tax Return – When instructed and within 48 hours of confirmed filing, mail original Form W-RA along with all of the required attachments to address below.

**Wisconsin Department of Revenue
PO Box 8967
Madison WI 53708-8967**

In All Cases – When using a mail service provider that is NOT the US Postal Service, deliver to Wisconsin Department of Revenue, Mail Opening (MS 1-151), 2135 Rimrock Rd, Madison, WI 53713.

Reminder: Keep for at least 4 years, a copy of all documentation supporting your income tax return and homestead, farmland preservation, net income tax paid to another state, or veterans and surviving spouses property tax credit claim. Submit it to the department when requested.

I. Taxpayer Information

Print or type name(s), social security number(s), address, daytime phone number, and e-mail address (if applicable) in the area provided. The information must match the information filed electronically. If your return and homestead, farmland preservation, net income tax paid to another state, or veterans and surviving spouses property tax credit claim was prepared by a third party, indicate whether the department may contact your preparer if questions arise during the processing of your return or claim.

II. Tax Return Information

Lines 1-5. Use whole dollars only in this area. If not applicable, leave blank.

III. Preparer Information

If your return or claim was prepared by a third party, print or type the requested preparer information.

Tax Due – pay by direct debit, mail or credit card

Direct Debit

Electronic withdrawal from checking or savings accounts.

Mail

Send payment with a 2005 Form EPV, Wisconsin Electronic Payment Voucher, to Wisconsin Department of Revenue, PO Box 2942, Milwaukee, WI 53201-2942

Credit Card

- Online at www.officialpayments.com
- By telephone call 1-800-2PAY-TAX (1-800-272-9829).

Questions

Refund: You can usually expect your refund within two weeks after the Wisconsin Department of Revenue acknowledges receipt of the return. Your refund will be delayed if your return is selected for review. If it has been longer than four (4) weeks, you may check the status of your refund 24 hours a day, seven days a week. You will need to know your social security number and the refund amount.

(608) 266-8100 in Madison or
(414) 227-4907 in Milwaukee or
1-866-WIS-RFND (1-866-947-7363)
toll-free within the U.S. or Canada
www.dor.state.wi.us

General Tax: (608) 266-2772
income@dor.state.wi.us

General E-Filing: (608) 264-6886
efiling@dor.state.wi.us

Forms Requests: (608) 266-1961 or download at
www.dor.state.wi.us

Operator assistance is available Monday-Friday from 7:45 a.m. to 4:15 p.m.

2005

WISCONSIN ELECTRONIC PAYMENT VOUCHER

CODE 5

FORM

EPV

File only if submitting payment.
Make your check payable to and mail your voucher to:
Wisconsin Department of Revenue
Post Office Box 2942
Milwaukee, WI 53201-2942

Your last name	Your first name and initial	Your social security number 	
Spouse's last name	Spouse's first name and initial	Spouse's social security number 	
Home address (number and street or rural route)		Telephone number	
City or post office		State	Zip code

D-102

Amount of Payment

\$

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Please do not staple your payment to this voucher

2005 Scanline Instructions for EPV

- The overall size of the EPV is 8 and ½ inches wide by 3 and 2/3 inches tall.
- The OCR line must be printed in OCR "A" font at a pitch of 10 characters per inch.
- The software should default to omit the scan line altogether if the customer is unable to print in OCR "A" font.
- The OCR line must be printed on each form.
- The right edge of the last character in the OCR line must be 1/2 inch from the right-hand edge of the form.
- The bottom of the OCR print line must be 1/2 inch above the bottom edge of the form and must be parallel to the bottom edge of the form.
- The OCR line must center in a "clear band" 1/2 inch high centered on the OCR print line which must be free of extraneous print, dirt, carbon residue, and all foreign matter.
- The line of characters to be read must be printed within the "printing band," which is located in the center of the clear band. The printing band is 0.22 inches high.
- The ink in the printed character must absorb light in the 550 to 950 nm wavelength range. The ink must not spatter or smear.

--The OCR print line should read:

2942 9999999999 9999999999 5 99999 2005 9

Note that the first set of ten digits "9" is replaced by the taxpayer's social security number followed by the check digit. The second set of ten digits "9" is replaced by the spouse's social security number and check digit. In the series "99999" the final two characters are replaced by the software developer's department-assigned two-digit vendor identification number. The final "9" is replaced by the check digit that is derived from the last three fields (the 5, vendor id, and year), positions 25 thru 34.

-- In the case of no spouse SSN, you should print ten 9s (9999999999) in the place where the spouse SSN would appear.

For bank approval, 20 data-filled forms with the OCR line must be run through the bank equipment to make sure that the read rate of the documents is acceptable. The forms submitted for testing must be actual printed copies or .pdf files (photocopies are not acceptable). Submit test forms to: Nancy Peters-Wilson, Wisconsin Department of Revenue, Mail Stop 3-164, 2135 Rimrock Road, Madison, WI 53713 or e-mail to npetersw@dor.state.wi.us.

*Checkdigits are derived using a mod-10 algorithm

Ten Sample Numbers and Check Digit for Calibration

#	Number	Check Digit
1	123456789	7
2	741852963	7
3	196654233	2
4	852369741	8
5	568423179	7
6	987654321	7
7	685438721	1
8	5999852005	9
9	3888562005	7
10	5777422005	0

2005 Check Digit Calculation

Check Digit Calculation for Payment Stub.

1. The check digit should be calculated as follows:
 - 1.1. Select the digits in the odd positions (**STARTING FROM THE RIGHTMOST POSITION**) in the number being checked (positions 1, 3, 5, 7, 9 etc.)
 - 1.2. Keep them in the same order in which they appear in the number to be checked.
 - 1.3. Transfer them in this order to a work field.
 - 1.4. Multiply the work field by '2'.
 - 1.5. Add each individual digit from this product and save the total.
 - 1.6. Add each digit in the even positions in the number being checked (positions 2, 4, 6, 8 etc.)
 - 1.7. Add together the total from the even number positions to the total of the product of the odd number positions (saved in step 1.5).
 - 1.8. Subtract the number derived in step 1.7 from '100'.
 - 1.9. The number in the ones column is the check digit.

Examples of Check Digit Calculation:

Check Digit – SSN Calculation

Number to be checked –	123456789
Odd position digits from number to be checked –	13579
Multiply by '2' –	13579 x 2
Product =	27158
Add digits in the product (2 + 7 + 1 + 5 + 8) =	23
Even position digits from the number to be checked =	2468
Add these (2 + 4 + 6 + 8) =	20
Add together even position total plus odd position product total =	43
Subtract the total in the last step from '100' (100 – 43 = 57) =	57
Check digit =	7

Check Digit – For last 3 fields Calculation

Number to be checked –	5 99999 2005
Odd position digits from number to be checked –	99905
Multiply by '2' –	99905 x 2
Product =	199810
Add digits in the product (1 + 9 + 9 + 8 + 0 + 8) =	28
Even position digits from the number to be checked =	59920
Add these (5 + 9 + 9 + 2 + 0) =	25
Add together even position total plus odd position product total =	53
Subtract the total in the last step from '100' (100 – 53 = 47) =	47
Check digit =	7

2005 Wisconsin Form EIC-A

Earned Income Credit
Information for up to three qualifying children

Instructions

Complete the information for each qualifying child for the Wisconsin Earned Income Credit. If you have more than three qualifying children, you only have to list three to get the maximum credit.

Qualifying Child Information	Child 1	Child 2	Child 3
	First Last	First Last	First Last
1 Child's name			
2 Child's social security number	____ - ____ - ____	____ - ____ - ____	____ - ____ - ____
3 Child's relationship to you (check one)	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (explain relationship) _____	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (explain relationship) _____	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (explain relationship) _____
4 Number of months child lived with you in 2005 NOTE: If the child lived with you for more than half of 2005, but less than 7 months, enter "7". If the child was born or died in 2005, and your home was the child's for the entire time he or she was alive during 2005, enter "12".	____	____	____
5 Child's year of birth	____	____	____
6 If the child was born before 1987 –			
a Was the child under age 24 at the end of 2005 and a full time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Was the child permanently and totally disabled during any part of 2005?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No